

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully. If any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
I. EPA I.D. NUMBER					
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .					
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)		YES	NO	FORM ATTACHED	
			X		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		YES	NO	FORM ATTACHED	
			X		
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)		YES	NO	FORM ATTACHED	
			X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		YES	NO	FORM ATTACHED	
			X		
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		YES	NO	FORM ATTACHED	
			X		
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B)		YES	NO	FORM ATTACHED	
			X		
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S. ? (FORM 2D)		YES	NO	FORM ATTACHED	
		X			
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		YES	NO	FORM ATTACHED	
			X		
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		YES	NO	FORM ATTACHED	
			X		
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area ? (FORM 5)		YES	NO	FORM ATTACHED	
			X		
III. NAME OF FACILITY					
1 SKIP Replacement Medical Center Facility					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
2 Mr. Ray Marsh, Environmental Engineer					
B. PHONE (area code & no.)					
(303) 399-8020					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 13611 E. Colfax Ave					
B. CITY OR TOWN					
4 Aurora					
C. STATE					
CO					
D. ZIP CODE					
80045					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 13611 E. Colfax Ave					
B. COUNTY NAME					
Arapahoe					
C. CITY OR TOWN					
6 Aurora					
D. STATE					
CO					
E. ZIP CODE					
80045					
F. COUNTY CODE (if known)					

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7	8062	(specify)	General Medical and Surgical Hospitals						C	7	8011	(specify)	Offices and Clinics of Doctors of Medicine					
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
C. THIRD										D. FOURTH									
C	7	8021	(specify)	Offices and Clinics of Dentists						C	7	8071	(specify)	Medical Laboratories					
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?																													
C	8	Mr Greg Lunsford																	55	56	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																		
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34																				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)										D. PHONE (area code & no.)																													
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										Chief of Facilities Management (specify)										(303) 947-6511 A									
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34																				

E. STREET OR P.O. BOX									
13611 E. Colfax Ave									
25	26	27	28	29	30	31	32	33	34

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
C	B	Aurora								CO	80045	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
15	16	17	18	19	20	21	22	23	24	25	26	27	28		

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	9	N	COR042008							C	9	P							
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	9	U								C	9	(specify)							
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	9	R	COR000226787							C	9	(specify)							
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24

XI. MAP


Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

The VA Eastern Colorado Health Care System (ECHCS) is a Joint Commission accredited, complexity level 1A facility, covering more than 44,000 sq. miles, serving Veterans in eastern Colorado and surrounding states. The existing VA Medical Center is located in Denver, Colorado, and a replacement facility is nearing completion in Aurora (a.k.a. "Rocky Mountain Regional VA Medical Center" or "RMRVAMC"), with Community Based Outpatient Clinics in Colorado: Alamosa, Aurora, Golden, Colorado Springs, Pueblo, La Junta, and Lamar. For the next year, both facilities will operate to support growing populations of veterans. RMRVAMC has a total 12 new buildings on 35 acres, including a conventional hospital facility, 2 inpatient treatment facilities, 2 new and 1 renovated clinical care buildings, a central plant building, 3 parking structures, a rehabilitation facility, a medical research facility and a central concourse. In total, the new and renovated square footage was approximately 1,250,000 square feet and an additional 1,200,000 square feet for the parking structures. The site was previously a part of the Fitzsimons Army Hospital. An environmental assessment of the site was performed by the Department of Veterans Affairs in 2006. No historical facilities were found to exist within the RMRVAMC's property boundaries. No stream flows will be diverted, and there are no wetlands or springs on the campus site. After flowing into one of three (3) stormwater quality units (SWQU) around the campus, stormwater would then be discharged to the City of Aurora storm sewer system along Fitzsimons Parkway. Water from the storm sewers will discharge into Toll Gate Creek, which flows into Sand Creek, which is a tributary of the South Platte River. Sand Creek is one of the two major tributaries into the South Platte River within Segment 16h which is the mainstem of West Toll Gate Creek. Toll-Gate Creek is currently not considered as impaired and has no TMDL. There are no changes to the number of applicants. Air permits for boilers and generators are in progress.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
Sallie A. Houser-Hanfelder, FACHE Director																				4-25-18									

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY									
C									
15	16	17	18	19	20	21	22	23	24